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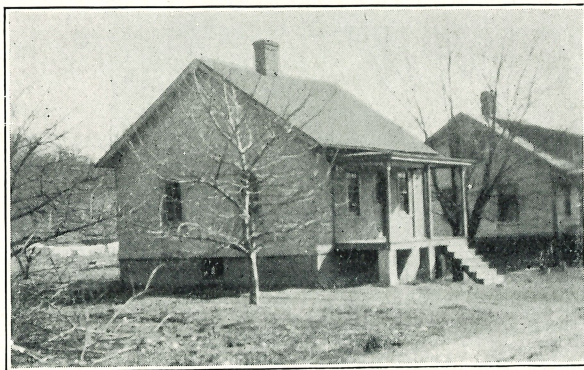
The MEDICAL MISSIONARY



Old Statue of Our Lady of Fourviere at the Medical Mission House.

THE MEDICAL MISSION HOUSE

IN THE last issue of our magazine we were able to announce that the generosity of our Benefactors enabled us to purchase the house and the six and a quarter acres of land we had in view, in the vicinity of the Catholic University of America in Brookland, Washington, D. C. This time we can tell our Readers that we have taken up our abode in our new home. As the property we bought was in a very neglected condition, it meant and still means a great deal of labor and expense to bring it to the standard of 20th century methods of living. Besides putting on a new roof and many carpentry repairs, we had to install electricity, the telephone and plumbing, and make the well supply its precious contents by means of an electric pump. Whilst all visitors are unanimous in their admiration of the site we have chosen, they all realize that a great deal of work is ahead of us before it assumes a civilized aspect. However, Rome was not built in a day. Our Society is only emerging from its first struggle of existence and will slowly and firmly have to wriggle itself, through confidence in the never failing help of God's Providence and hard work, into the soil of its purpose of existence—the salvation of souls through the Medical Apostolate.



THESE TWO LITTLE BUNGALOWS AND ONE OTHER ARE ALSO ON THE PROPERTY

The Medical Mission House is the center of recruitment, where those, who aspire to give their profession to God in the person of the poorest and most neglected of His suffering children—those in foreign mission countries who do not even know His Name—prepare themselves by a year of spiritual and missionary training; where they gather knowledge, courage and strength to stand

the burden and heat of the day when far from the sheltering roof of home. The Medical Mission House is a second home for our Medical Missionaries, where they can return to refresh themselves in soul and body.

We realize how much a Medical Mission House of our own means to us and no

words can express our gratitude and appreciation to all those who have contributed to it. The Father Who is in heaven and Who knows all things, will give His reward.

We are happy to state that the Medical Mission House fund has reached the sum of \$20,230. Five thousand dollars more and we will be able to say that the Medical Mission House, together with the most necessary improvements, is ours—free of debt. *Free of debt* is our goal, and we will storm heaven until we have reached it. This is to forewarn our Readers, as they may get a slight or strong prompting as the result of it, to help us to complete the fund.

It is superfluous to say that any of our Friends who visit the Capital will be most heartily welcomed at the Medical Mission House. We would like to show our new home to all those who helped by prayer, word and deed in its establishment and thank them personally.

MEDICAL MISSION HOUSE FUND

Total needed.....	\$25,000
Total contributed.....	20,230
Total still needed.....	\$4,770

The MEDICAL MISSIONARY



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Editor: Dr. Anna Dengel

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EDITORIAL

TREASURED STATUE AT THE MEDICAL MISSION HOUSE

ONE of the few treasures the Medical Mission House possesses is an old statue of Our Lady, the picture of which is shown on the front cover of the Magazine. It passed into our hands through a local friend, who received it as a legacy from Miss Antoinette Margot, a saintly old French convert, who died in Brookland, D. C., on December 27, 1925. The Statue originally belonged to Miss Margot's godfather, a pious French bachelor who had a business of religious articles on the hill of Fourviere in the beautiful city of Lyons. Miss Margot herself gave the following account of it:

"The varnished plaster statue is a representation of the enormous statue which stands on the tower of the old church of Fourvière. It was standing on a chest of drawers in the office beside the desk of my saintly godfather. There was a gas jet between the two articles of furniture. I saw it myself and he himself told me what I am going to relate.

"He went every evening in May to May Devotions; leaving the room, he lowered the gas, for he was very careful. Never anything unusual in connection with it happened to him. His old servant, Marie, as careful as her master, lowered the gas if she was obliged to use it for some work in the office during his absence; Mlle. Adeline, the young librarian, did the same and everything was in order. One year, however, I do not know which, something unusual happened. The first evening of the May Devotions, my godfather lowered the gas as usual before leaving. On his return after Benediction he found his gas blazing on. He was surprised, lowered it and called Marie, telling her not to forget to lower the gas after having used it. Marie had not been in the office at all. Then he called Adeline, she also had not been there. He considered it a serious affair, as he had never seen the gas blazing so much. The next day he made sure that the gas was properly lowered. He went out last and returned at the same time as Marie and Adeline, but the gas was blazing up as the night before. The third day he locked the office and took the key along. On his return, however, the gas was blazing more than ever. The fourth day he put the gas out before leaving, but upon opening the

door, which had been locked, he found the same thing. He called the plumbers for inspection but they found nothing unusual. The fifth day the same thing happened, and during the night, after he had retired and was thinking of the refractory gas, being quite puzzled, Our Lady appeared to him. He did not know whether it was a dream or a vision, but She approached his bed and smilingly said: 'My son Justinian, how is it that you do not understand that I wish to be honored in your house by a light in front of my statue?' Filled with awe he exclaimed: 'My Good Mother, why did You not tell me before?' Our Lady disappeared; he jumped up to light the gas—a little flame like a night light—which he continued to burn day and night in Her honor. Since then he could lower the light as before when he left and it always remained as he had left it.

"My saintly godfather died in 1876, on the anniversary of the apparition. Later in 1877, when I came out of the S. C. (probably Sacré Coeur) I went to his house trying to get a souvenir and to make enquiries about the Statue of Our Lady. It was in the attic, covered with dust. Nobody had any use for it and it was given to me with great pleasure. It was evident that he had not related the history to anyone of his household. I took it away as a great treasure, cleaned and mended it and kept a light before it."

A friend of Miss Margot's, Miss Geraldine M. McNerhany, on hearing the story said: "I would love to have that statue. Will you leave it to me when you die?" Miss Margot replied: "I have already promised it to a missionary." Sometime after, however, she found it would not be possible to get the statue to him and she promised it to Miss McNerhany. Upon the death of Miss Margot, Miss McNerhany called for the statue, but could not get it until the following May, when the estate was settled. The statue was in the possession of Miss McNerhany from May, 1926, until January, 1927, when she gave it to the Society of Catholic Medical Missionaries.

Speaking of the parting with this treasured statue, Miss McNerhany said: "My reason for parting with my beloved statue was, that I was unable to keep a light burning before it, as I had promised Miss Margot I would do. It is now in the chapel of the Medical Mission House, where a light burns before it constantly day and night."

THE MAY OF LIFE

THE month of May! What a picture of loveliness the very thought brings to our minds. The immaculate freshness of the blossoms, the vigor of nature bursting forth in a myriad of buds and blades, the brightness of the sunshine and the gaiety of the birds on the tree tops.

And what can we say of youth! It is a hundred times lovelier still. The body strong and healthy, the mind not burdened with cares, the whole being permeated with hopes, desires, aspirations and ideals. Youth is beautiful to see and interesting to think of, being the time of formation and preparation for one's life work. To some the question what shall it be is a great puzzle. To others, it is easily solved by strong inclinations or circumstances.

As the world is moving so rapidly now and as opportunities and needs change with the times, vocational guidance in the sense of presenting various careers and vocations and their specific requirements has been a natural development.

In our pages it is most fitting to consider the Medical Mission vocation. The Medical Mission field is as large as the mission field itself. There are literally millions of people without care and solace in their suffering. Propitiation of evil spirits is their hope not knowing the God of Love and fatalism their help to resignation. The consolation and joy of making their pain and anguish meritorious by offering it to Our Saviour is not theirs, because they do not know that He loves them and suffered for them. The Apostolate of the Medical Missionary is one of soul, mind and body, a work for God and man. Like most things worth while, it is not easy. It is in the years of youth, when the world looks roseate and alluring and when energy is still unspent that those whom God calls to be His missionaries, must enter His service. Missionary life requires strength and vigor and enthusiasm. It is a life of sacrifice far from home and country, but God Who privileges the young soul with His call, makes up for all a hundredfold in this life and life everlasting in the next.

In order to develop Medical Missions and to give many the opportunity to go as heralds of the charity of Christ to the outposts of civilization, the Society of Catholic Medical Missionaries was founded in September, 1925, in Washington, D. C., with the approval of His Grace, Most Rev. Michael J. Curley, Archbishop of Baltimore.

It is intended for qualified women: Doctors, dentists, nurses, pharmacists, dieticians and technicians, etc., who feel attracted to the religious life, and who wish to continue to practice their profession in the service of God as foreign missionaries. These will find ample scope for their generosity in the Society of Catholic Medical Missionaries, whose purpose is to render medical aid, no disease or condition being excepted, to Christians and non-Christians, and to bring the light and consolation of our Holy Faith to the people under their care.

The Society will also accept members who possess no medical qualifications, either with a view of training them in some branch of the profession after admission, or with a view to devoting themselves to non-medical work, such as sacristan, housekeeper, social service worker, secretary, etc.

The requirements for admission are the same as for other religious communities. A period of one year is devoted to spiritual and missionary training, during which no professional work is allowed. After this time, the candidate is accepted as a member.

The work of the Medical Missionary is spiritual and professional. The practice of every branch of the medical profession is permitted, and the religious exercises and rule of life are so arranged as not to interfere with professional duties. Every variety of medical institution will be undertaken by the Society in the mission field;

hospitals, dispensaries, medical schools, training schools for native nurses, infant welfare centers, plague camps, leper asylums, and traveling dispensaries which bring medical aid from village to village, also obstetrical work and treating the sick in their homes.

While occupied with her duties the Medical Missionary is in close contact with the non-Christian people, in the hospital and in their homes. She has thus many opportunities of introducing the Catholic religion to them. The nature of the services she renders them creates a spirit of sympathy and gratitude, which endears the name of Catholic and disposes the people favorably towards the Catholic Church. The Medical Missionary can enter behind the purdah curtain, and bring the message of the Church to the millions of Indian women, who would otherwise hear of it only from biased and prejudiced sources, and whose conversion is absolutely necessary in order to win India for Christ. Through her easy entrance to the homes, she can bring Catholic influences to bear on the young children from their tenderest years and dispose them towards Catholic ideals of living in later life. She can instruct the ill and baptize the dying, when properly disposed. The training schools for native nurses offer a suitable vocation for Native Catholic girls, who would otherwise not consider this profession since they would have to train in non-Christian hospitals, to the grave danger of their Faith. (In many of the latter, Sunday is not observed.)

The first hospital of the Society was opened in February, 1928, in the native city of Rawalpindi, Punjab, India, in the Mill Hill Prefecture Apostolic of Kashmir

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MEDICAL MISSIONARY WHO IS TAKING UP THE STUDY OF MEDICINE TO BECOME A MISSION DOCTOR

THE NEED OF NON-MEDICAL MEMBERS IN THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES

By SISTER AGNES MARIE, R. N.

THE Society was especially founded for the medical relief of the poor, suffering in the mission fields of the world. Therefore its efforts are concentrated on the medical profession, in all its branches, chiefly on hospitals and dispensaries.

Why then the need of members who are not medical? In running a hospital one must not imagine that it means only a Doctor making the rounds and writing her orders, the nurses carrying out these orders and spending the entire day at the bedside of patients. That is only a portion of the work that must be done in a hospital.

INSIDE WORK

In the Orient, especially India, there exists a very rigid caste system which means that an institution must necessarily have many servants. The "mali" will do absolutely nothing but attend to the garden; the "dhobi" will wash your clothes *only*; the "khansaman" will do nothing but cook, and the "methranis" will do only their work which is chiefly to empty refuse and sweep floors. For the rest of the cleaning and other work more servants must be engaged. The European or American staff, which ever they may be, may feel inclined to say "I will roll up my sleeves and do it." First of all there is not sufficient time and secondly in India, the land of castes and ancient customs, this may not be done. Even foreigners have their own caste which they must observe.

Some one said: "The Indian possesses the precious sense of leisure to sit in the sun." This is a statement full of truth exemplified every day. If you want a servant, especially those engaged in cleaning, your first thought is, not to look for them where work is to be done, but on some verandah on the sunny side of the house in the winter and the shady side in the summer. There they will be found squatting and leisurely smoking their hookah. This necessitates a "constant eye on the servants." To get work done at all effectually, some one must stand over them all the time. Naturally if there are no non-medical members, a nurse must do it which means that hours each day are spent with the servants when they should be spent with the student nurses in the wards. I have known afternoons when the only Sister on duty spent the entire time between 2.30

and 6.00 with the servants. The student nurses carried on alone, after a fashion, in the wards. They will—but the servants will not do so.

Endless orders must be issued and seen to it that they are carried out. The more dependable servant must get his or her orders and directions in the morning and in the evening render an account of the day's accomplishments; others need constant direction. Weekly all the linen for the "dhobi" must be checked and at regular intervals the hospital supplies—pillows, blankets, linen, dishes, etc., must be checked.

OFFICE WORK

The Punjab has a very long and complicated system of checking up hospital and dispensary work. Annually a complete and accurate record must be sent to the board. This takes weeks of labor.

The financial accounts of the hospital are not a small task. Every anna that comes in and goes out must be accounted for; which would keep a professional bookkeeper busy for hours each week.

OUTSIDE WORK

Weekly there are regular trips to be made to the bank and European Shopping District. From the Indian bazaar the servants do the buying daily, but unless trips on the inspection of prices are made, eggs, vegetables, etc., remain the winter price the entire year and the other things, of whatsoever

season they are the highest in price.

There is moreover a bit of business here and there to be done.

To every four medical people there should be at least one non-medical member. Her work would be as valuable as that of medical members because it is all necessary to attain the end. In every hospital there are important duties for others than doctors and nurses and if there is a non-medical member to do it, the medical members are able to spend the greater part of the day on duty in the hospital.

"THE MAY OF LIFE"

(Continued from page 4)

and Kafristan. It has a training school for native nurses, all of whom at present are Catholics. Three pioneer members of the Society are in charge. The Society has been asked to undertake other Medical Missions in India, Africa and China.

For further information address: Dr. Anna Dengel, Society of Catholic Medical Missionaries, Catholic Medical Mission House, Brookland, Washington, D. C.



Sister Agnes Marie, R. N., picking flowers for the chapel. She is sacristan—which takes a considerable part of her time—as the hospital chapel is the parish church for the time being. This would be a nice duty for a non-medical member of the Society

THE SOCIETY AT HOME AND ABROAD

ALL the members of the Society are glad that the moving is a thing of the past and that the first cleaning and clearing process is over. We were very fortunate that we were only one day without the Blessed Sacrament. On Friday, April 19, a Franciscan Father said the last Mass in our old residence and on Saturday, April 20, Rev. Father J. D. Delauney, C. S. C., of the Holy Cross Foreign Mission Seminary, under whose spiritual auspices our Society is placed, offered up the Holy Sacrifice for the first time in our new home. The Holy Cross Fathers now come to say Mass in our little chapel whenever it is possible, for which we are particularly grateful.

One of the pleasant events of the past month was the return of V. Rev. Father Mathis, C. S. C., from India, who brought us first hand news of our own missionaries in Rawalpindi and Dr. O'Connor in London and our old friends the Holy Cross Fathers and Sisters in India. We were delighted to hear that our missionaries are well and happy, that the hospital is beautifully and solidly built and last but not most important of all, that its architect, the Prefect Apostolic, Rt. Rev. R. Winkley, who was a patient in it for three months is on his way to recovery from a serious illness.

Father Mathis took most interesting moving pictures of his whole trip, including the far north where our missionaries are. Among other places they showed him Murree, a hill station 9,000 feet high, only two hours ride from Rawalpindi, which is only 500 feet high. Rev. Father Mathis probably never saw so much snow as on that Himalaya ridge at the gate of Kashmir.

In a letter dated April 11, Sister Agnes Marie writes: "Did Dr. Lyons tell you about Easter? Our chaplain saw, or rather had, the first fruits of his labors: 10 Baptisms on Holy Saturday in the hospital chapel, ages ranging from 6 to 60, and 13 First Communions on Easter Sunday, also all ages. Everything was very lovely. Our chapel was beautiful and, of course, we had a High Mass. We gave a Communion Breakfast for the 13. One of these days Father will baptize 10 children ranging from 4 to 8 years of age.

"During the last month we have been very busy. We had on an average of 15 in-patients and from 30 to 40 out-patients a day."

COMPENSATIONS OF PIONEERING!

Addressing the new Community of the Brothers of St. Vincent de Paul, the Ven. Père Eymard gave expression to the following beautiful and consoling thoughts which apply to successive generations of pioneers:

"Our grace is so much the greater as we help to form the beginning and foundation of our Institute. It is true we shall not have as much glory as those who will come after, but we shall have more merit. Our successors will live on the fruits of our labors and sacrifices, as for us, let us live on the pure Love of God and sacrifice ourselves willingly to our work. Calvary is of greater value than Tabor.

"If there are still in our Community things indeterminate, undeveloped, as yet not well ordered, little and humble, let us love them. Will it not be to our glory to have been as nothing, to have served God and our Community under the difficulties and trials of foundation."



Holy Family Hospital, Rawalpindi, Punjab, India, staffed and maintained by our Society. During the first year of its existence 185 in-patients and 6,552 dispensary patients were treated. Thirty-five major and ninety-five minor operations were performed.

MEDICAL MISSION NOTES

Tropical School of Medicine

DR. Caroline O'Connor, a member of our Society, who is at present in London studying at the School of Tropical Medicine, finds the course very valuable.

In connection with the school there is a Hospital for Tropical Diseases, (Endsleigh Gardens, W. C. I, London, England). It is stated by the British Legation to the Holy See, that the hospital is prepared to receive Catholic Missionaries suffering from diseases contracted while in the missions.

To London, ocean going vessels bring a greater variety of tropical diseases than to any other port. Thus, although removed from the regions subject to the incidence of such diseases, the Hospital for Tropical Diseases in London is a more effective center for the pursuit of the science of tropical medicine than any single establishment in the tropics themselves, and the knowledge acquired therein most easily disseminated.

The hospital is an offshoot from a school founded in 1899 by Sir Patrick Manson, "the father of tropical medicine." Important contributions have been made there to the treatment of sleeping-sickness, malaria and other illnesses. During 1928 alone patients were received there from 34 countries.

The Physicians' Catholic Medical Mission Unit of Pittsburgh, Pa.

The purpose of this organization is to provide scholarships for the medical education of native Chinese Catholic young men.

There is an urgent need of doctors in China. Among the 400 million inhabitants there are only about 7,000 qualified physicians. In the United States, with 120 million population, we have over 140,000 doctors. The medical situation in the Orient is in a very deplorable condition.

The only assessments of the unit are annual dues. The active membership consists of ethical Catholic physicians, but any one interested in this work may become an Affiliate member by paying the annual dues of \$5.00.

Pittsburgh physicians led the way—perhaps others will follow. If many Catholic physicians and nurses would take an active interest in the Medical Mission Movement, marvelous results could be obtained in our own life time.

Catholic Training School for Native Nurses in Africa

In the March number of *Jottings From a Catholic Mission Doctor*, Dr. K. F. McMurtrie from St. Mary's Hospital, Marianhill, Natal, South Africa, writes:

"At last a few of our Native girls are beginning to offer themselves to be trained as nurses and two such applicants have already arrived at the hospital. We have not yet made a final selection out of those who have offered themselves: probably we shall begin with three such Native probationer-nurses who will receive regular lectures and instructions. There is considerable hope that Government will provide some financial help towards the training of such nurses, since it is so abundantly clear that this is one of the most important means that can be made use of for the uplift of the Native people and the gradual overcoming of their old superstitious ideas about disease, witchcraft, etc.

AFRICA TODAY

Pink Stockings for Black People

Mr. T. H. Baxter engaged by seven British Protestant Missionary Societies to make a tour from the Cape to Kenya, for the purpose of making a film entitled "Africa Today," says that Africa is becoming civilized so quickly that it frequently fails to provide travelers with the romantic adventures that they expect. On his tour he had no encounters with lions or tigers and was unable to discover a single witch doctor.

He found, however, some excellent roads made by native labor, saw native women in flesh pink stockings and short skirts, and discovered that Africans are no longer content with mud huts, but are building homes of brick.

"I was most deeply impressed by the amount of illness among the natives. In one school alone a medical inspection revealed that 91 per cent of the children were diseased in some form or other. This is due to malnutrition, insanitary dwellings, malaria, and ignorance of common remedies.

"In Nyasaland the infantile mortality is between 700 and 800 per 1,000 and in parts the native population is dwindling.

"Great efforts are being made to help the natives to help themselves. Native women are now training as maternity nurses; young African men have a three years' hospital course, and are then able to take charge of dispensaries.

"Khaki shorts, white shirts, colored stockings and brown shoes are becoming increasingly popular for men. The native women spoil themselves when they wear European dress."

BAKSHISH

By JOANNA LYONS, M. D.

GOING through the Suez Canal is the best part of the journey from Europe to India.

The big boat glides along quite slowly and if it is the mail boat, all other ships which it meets in the canal pull to the side and tie up to let it pass. There is desert on both sides; Arabia to the left and Africa to the right. Picture the sand dunes of Indiana cleared of their proper vegetation and dotted with palm trees and the shacks with the funny names replaced by a few trim houses and gardens of the men who supervise the canal; instead of the sta-combed sheiks from Chicago, real Arabs who are probably not sheiks, but who roam about the sandy hillocks on camels and donkeys and you will have a notion of the desert as you see it from the canal. As evening falls, the workmen in their picturesque garb assemble in their poor little camplike dwellings and there are many washings of hands and prayers with prostrations and preparations for food and very much conversation. It is a moving picture, only the picture stays and you do the moving.

But I started out to tell you about *bakhshish*—the first oriental word which I heard from an oriental and understood. It was in the Suez, at the edge of evening, as the big ship majestically moved along, a boy stood on the bank and held out the skirt of his poor garment and called out "Bakhshish." And he meant the same thing that the porter means when he dusts you off at the end of your journey.

It is something not peculiar to the East as we know to our sorrow, but it appears that here the judicious giving of gifts is more necessary to facilitate the progress of any scheme or work that one wishes to go on. A common form of promising reward to get something done is: "If you will do this, I will make you happy." In public hospitals, despite the efforts of officials, it is difficult to prevent partiality shown to those patients who are able and willing to make their attendants happy.

Many of these gifts are given out of goodness of heart and the desire to show honor. It seems to be the Indian custom, if one goes to visit a person of higher rank, to send or bring a gift, some fruit, sweets, or some such thing. Gifts to the poor are made very lavishly on festival days and so forth. You and I get gifts when we have

a birthday, but the Indians distribute food and money to the poor on such occasions.

The dispensary doctor comes in for various offerings. Suppose, doctor, one of your patients one morning produced from the folds of her garments and handed from her bare hands into yours about five pounds of raw beef. You would be surprised, would you not? Or suppose they would hang a garland of fresh flowers around your neck.

Some of the quaint things bestowed on me include a Xmas tree made of beads, trimmed with celluloid dolls; also live quails, dead mallard ducks, three raw eggs, a package of Virginia cigarettes, Indian sweets in a cone of newspaper, a gold ring and a dish of brains, etc.

A funny thing happened in the dispensary lately. A Pathan woman came in with a big abscess on her neck. This was opened, hot dressings were applied and a bandage put on. For this she was charged four annas (eight cents). She spoke none of our stock of languages, but her companion said grandly: "I will give *eight annas*—four for this and four for the poor." And so she did, but the eight-anna piece was a counterfeit!

A bribe is not, properly speaking, a *bakhshish*, but while we are somewhere near the subject, here is a picturesque sample of bribe-giving done in style. Some construction work had been done for the Government and it was time for a certain official to okay the measurements and the quality of the work. One day there came to him a beautiful and huge basket of fruit, in the midst of which was a bank-note for 5,000 rupees. This official was not only a very upright but also a very down-right Englishman. He summoned the contractor, who found him with the note in his hand. The interview consisted essentially of *one* question: "Have you the number of this bank-note?" and *one* answer: "No, Sahib." Whereupon the official dropped the note into the fire and the incident was closed.

Sometimes, after writing down the little incidents and experiences which come one's way, one has remorse that perhaps these convey a bad impression of the Indians. If I could only show them to you as I see them close at hand, you would have a good impression of them. Take the Indian women—if you could see the patience with which they bear their hard lot; their self-sacrifice and kindness to one another; the gentleness of the Hindu woman and the humor and good-fellowship of the Mohammedan, you would like them hugely and you would come daily more and more to covet them for Christ and for the Church.